

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/709 695

FILING DATE

11-10-00

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
(1)	1			
2		1		
3		1		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
(11)	1			
12		1		
13		1		
14		1		
15		1		
(16)	1			
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47				
48				
49				
50				
TOTAL IND.	3			
TOTAL DEP.	18	↓	↓	↓
TOTAL CLAIMS	20	↓	↓	↓

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
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97					
98					
99					
100					
TOTAL IND.		↓	↓	↓	
TOTAL DEP.		↓	↓	↓	
TOTAL		↓	↓	↓	